



NEW JERSEY'S DESIGNATED PROTECTION AND ADVOCACY AGENCY FOR PERSONS WITH DISABILITIES.

YES! I am committed to protecting the rights of people with disabilities. I wish to give...

\$250 \$100 \$50 \$25 Other Amount _____

Name _____
Email _____
Address _____
City, State _____
Zip Code _____
Phone _____

My check was made payable to:
Disability Rights New Jersey

Please use my credit card:

VISA MASTERCARD AMEX

Card No. _____
Exp. Date _____

Your gift is welcomed through our secure online site at: **DRNJ-COVID.org/give-now**

I would like to use my credit card to make a monthly donation of \$ _____ beginning on this date: _____

I wish to make this gift in honor of: _____
 in memory of: _____

What inspired you to give to DRNJ? Please share your donor story.

Please include me in your emails for important news, upcoming events and information pertaining to the disability community.

Please return this completed form to the address below or email to advocate@drnj.org.

DISABILITY RIGHTS NEW JERSEY